

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35450

1. PLACE OF DEATH

108 County Vermon
Township Union
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 875
Primary Registration District No. 616.2

File No. _____
Registered No. 218

2. FULL NAME

(a) Residence, No. St. Hospital #3 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willis Ann Culbertson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 25, 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Andrew Culbertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ann Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) W. Culbertson

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertson Cemetery DATE Jan. 25, 1933

19. UNDERTAKER (ADDRESS) Heck's Funeral Home

20. FILED 10-26 19. 33 E. B. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933

22. I HEREBY CERTIFY That I attended deceased from Mar. 7, 1932, to Feb. 23, 1933

I last saw him alive on 11.11, 1932. Death is said to have occurred on the date stated above, at 6.0 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
930
77
Chronic myocarditis
Date of onset ?

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) _____ M. D.

(Address) Mr. J. A. Da. Mo.

